

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

100-195 Williams

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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50						
TOTAL IND.	6					
TOTAL DEP.	30	↓	↓	↓	↓	↓
TOTAL CLAIMS	36					

TOTAL IND.		↓	↓	↓
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS				